

NMSS

unread



NMSS INTERNAL/EXTERNAL WEB SITE ACTION REQUEST

Content Provider:

Printed Name	Div/Sect	Certify Security Review	Signature

By signing the content provider is certifying that the information to be added/deleted has been reviewed with their supervisor and meets all Commission/EDO/Division Security criteria.

ACTION REQUESTED:

✓	ACTION REQUESTED	LOCATION on WEB (Address)	Internal [I] or External [E] Web	Must be up by date
	ADD: New Page(s)			
	Document Collection			
	Document to Collection			
	EDIT: Existing Page(s)			
	Add information			
	Delete information			
	Modify information			
	REMOVE: Page			
	Document Collection			
	Document in Collection			
	OTHER:			

INFORMATION PROVIDED IN WHAT MEDIUM:				
Disk	CD	Electronically	On Web	Other

CONTENT SPONSOR (Supervisor): _____

As the Content Sponsor I certify that I have reviewed this request and that it meets Agency Web objectives and security criteria. My signature above denotes my approval of the requested action.

OFFICE WEB LIAISON: _____	Date Completed: _____
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I have reviewed this information, verified the content provider and sponsor signatures and accept the request for posting or deleting from the NMSS Web site.



TT-36

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